

# TAX YEAR 2022 SENIOR TAX FREEZE APPLICATION - CHATTANOOGA CITY TREASURER

423-643-7264

PARCEL ID:		OWNERSHIP <input type="checkbox"/> SOLE <input type="checkbox"/> CO-OWNER	LIFE ESTATE <input type="checkbox"/> NO <input type="checkbox"/> YES	REMAINDER ON PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES/Complete Co-Owner Info	MOBILE HOME <input type="checkbox"/> NO <input type="checkbox"/> Yes (Copy of Title)	Did you file a 2021 federal tax return? <b>YES</b> - provide copy  <b>NO</b> - I was not required based on my filing status, age, category, or income as outlined by the IRS. I will provide proof of all 2021 income and affidavit.  Applicant Initials _____																																								
LAST NAME, MI, FIRST NAME			SOCIAL SECURITY #	DATE OF BIRTH (must be 65 before 12/31/2022)	PHONE #																																									
STREET ADDRESS		CITY	ZIP	APPLICATION LOCATION <input type="checkbox"/> LIVING ON PROPERTY <input type="checkbox"/> NOT LIVING ON PROPERTY	MAILING STATUS <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY																																									
MAILING ADDRESS IF DIFFERENT		MAILING CITY/ST	ZIP	IN CARE OF:																																										
SPOUSE/CO-OWNER/RESIDENT REMAINDER INFO		DECEASED OWNERS																																												
FIRST NAME		LAST NAME		YEAR OF DEATH: <input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER																																										
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Spousal information is required regardless of ownership or residency.																																														
<b>INCOME FROM PREVIOUS YEAR 2021 (NOT 2022) (ATTACH COPIES OF INCOME)</b> <table border="1"> <thead> <tr> <th></th> <th>APPLICANT</th> <th>CO-OWNER/SPOUSE</th> <th>PROOF</th> <th></th> <th>APPLICANT</th> <th>CO-OWNER/SPOUSE</th> <th>PROOF</th> </tr> </thead> <tbody> <tr> <td>SOCIAL SECURITY</td> <td>\$</td> <td>\$</td> <td><input type="checkbox"/></td> <td>WORKERS' COMP</td> <td>\$</td> <td>\$</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SSI BENEFITS</td> <td>\$</td> <td>\$</td> <td><input type="checkbox"/></td> <td>SALARY / WAGES</td> <td>\$</td> <td>\$</td> <td><input type="checkbox"/></td> </tr> <tr> <td>RETIREMENT/PENSION</td> <td>\$</td> <td>\$</td> <td><input type="checkbox"/></td> <td>DIVIDEND/INTEREST</td> <td>\$</td> <td>\$</td> <td><input type="checkbox"/></td> </tr> <tr> <td>VETERANS BENEFITS</td> <td>\$</td> <td>\$</td> <td><input type="checkbox"/></td> <td>OTHER INCOME</td> <td>\$</td> <td>\$</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>								APPLICANT	CO-OWNER/SPOUSE	PROOF		APPLICANT	CO-OWNER/SPOUSE	PROOF	SOCIAL SECURITY	\$	\$	<input type="checkbox"/>	WORKERS' COMP	\$	\$	<input type="checkbox"/>	SSI BENEFITS	\$	\$	<input type="checkbox"/>	SALARY / WAGES	\$	\$	<input type="checkbox"/>	RETIREMENT/PENSION	\$	\$	<input type="checkbox"/>	DIVIDEND/INTEREST	\$	\$	<input type="checkbox"/>	VETERANS BENEFITS	\$	\$	<input type="checkbox"/>	OTHER INCOME	\$	\$	<input type="checkbox"/>
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2021 GROSS COMBINED INCOME LIMIT IS \$41,920 TO QUALIFY FOR 2022 SENIOR TAX FREEZE On Tax Relief? _____ (Y/N)						<b>TOTAL COMBINED INCOME</b> <b>\$</b>																																								

**NOTES:** (i.e.: 2nd Phone #, Reason for temporary housing, etc.) \_\_\_\_\_

I certify this information to be correct and understand I am subject to penalty and interest for intentionally providing false information. Any taxpayer, who knowingly provides false information concerning the taxpayer's income or other information relative to eligibility for such program, commits a Class A misdemeanor. For a period of 18 months, I voluntarily authorize the Social Security Administration, Internal Revenue Service, or anyone, to release my social security number, name, date of birth, disability status, and income to the Property Tax Freeze Program. I certify that the property for which the tax freeze is sought is my principal residence for voting purposes and that I have not submitted another property as my principal residence for any purpose in the jurisdiction, the State of Tennessee, or any other state.

**\*\* I understand that I must renew TAX FREEZE yearly. \*\***

APPLICATION DATE

APPLICANT'S SIGNATURE

SPOUSE/CO-OWNER'S SIGNATURE

**\* DEADLINE TO APPLY: April 4, 2023 \***

COLLECTING OFFICIAL'S SIGNATURE

DATE ENTERED

Approved Rejected  
(circle one)